



# INDIANA DATA BREACH NOTIFICATION FORM

OAG Form 1079 (R1 / 09-14)  
Identity Theft Unit

OFFICE OF ATTORNEY GENERAL  
**Consumer Protection Division**  
Government Center South, 5<sup>th</sup> floor  
302 W. Washington Street  
Indianapolis, IN 46204  
(317) 233-4393 – Fax

## Name and Address of Entity or Person that owns or licenses the data subject to the breach

Name

Street Address

City

State

Zip Code

Submitted by

Title

Dated

Firm Name and Address (*if different than entity*)

Telephone

Email

Relationship to Entity whose information was compromised

## Type of Organization (*please select one*)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> State of Indiana Government Agency | <input type="checkbox"/> Health Care        | <input type="checkbox"/> Not-For-Profit               |
| <input type="checkbox"/> Other Government Entity            | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Other – please specify _____ |
| <input type="checkbox"/> Educational                        | <input type="checkbox"/> Other Commercial   |   |

## Number of Persons Affected

Total (*Indiana Included*)

Indiana Residents Only

## Dates

Date Breach Occurred (*include start/end dates if known*)

Date Breach Discovered

Date Consumers Notified

## Reason for delay, if any, in sending notification

## Description of Breach (*select all that apply*)

- |   |  |
|---|--|
| <input type="checkbox"/> Inadvertent disclosure   | <input type="checkbox"/> External system breach (e.g. hacking) |
| <input type="checkbox"/> Insider wrong-doing  | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape) |  |

## Information Acquired (*select all that apply*)

- |   |   |
|---|---|
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Name in combination with ( <i>select all that apply</i> )  |
|   | <input type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number                             |
|   | <input type="checkbox"/> Credit Card or Financial Account Information   |
|   | <input type="checkbox"/> Debit Card Number ( <i>in combination with security code, access code, password or PIN for account</i> ) |

## List dates of previous breach notifications (*within last 12 months*)


**Manner of Notification to Affected Persons*****Attach a copy of a sample notification letter***

- ☐ Written
- ☐ Electronic (email)
- ☐ Telephone

**Identity Theft Protection Service Offered**☐ Yes

Duration

☐ No

Provider

Brief Description of Service:

**Since this breach, we have taken the following steps to ensure it does not reoccur (*attach additional pages if necessary*)**

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**Any other information that may be relevant to the Office of Attorney General in reviewing this incident (*attach additional pages if necessary*)**

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